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JAN 26 2004

7590 01/21/2004

Gregory Giotta Ph D  
Vice President and Chief Legal Counsel  
ONYX Pharmaceuticals Inc  
3031 Research Drive  
Richmond, CA 94806

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GREGORY GIOTTA	(Depositor's name)
<i>Gregory Giotta</i>	(Signature)
1/26/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/687,230	10/13/2000	Sylvia Braselmann	ONYX1027-DIV1	1176

## TITLE OF INVENTION: NUCLEOTIDE SEQUENCES THAT ENCODE PHOSPHATIDYLINOSITOL-3' KINASE ASSOCIATED PROTEINS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAMIREZ, DELIA M	1652	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*GREGORY GIOTTA*

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ONYX Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RICHMOND, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 5

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 150615 (enclose an extra copy of this form).

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*GREGORY GIOTTA (Aug 32028)*

(Authorized Signature)

(Date)

*Gregory Giotta*

1126104

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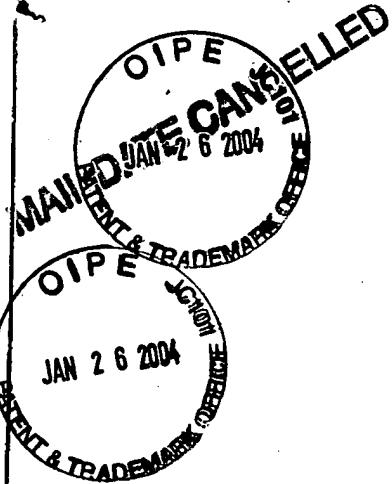
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